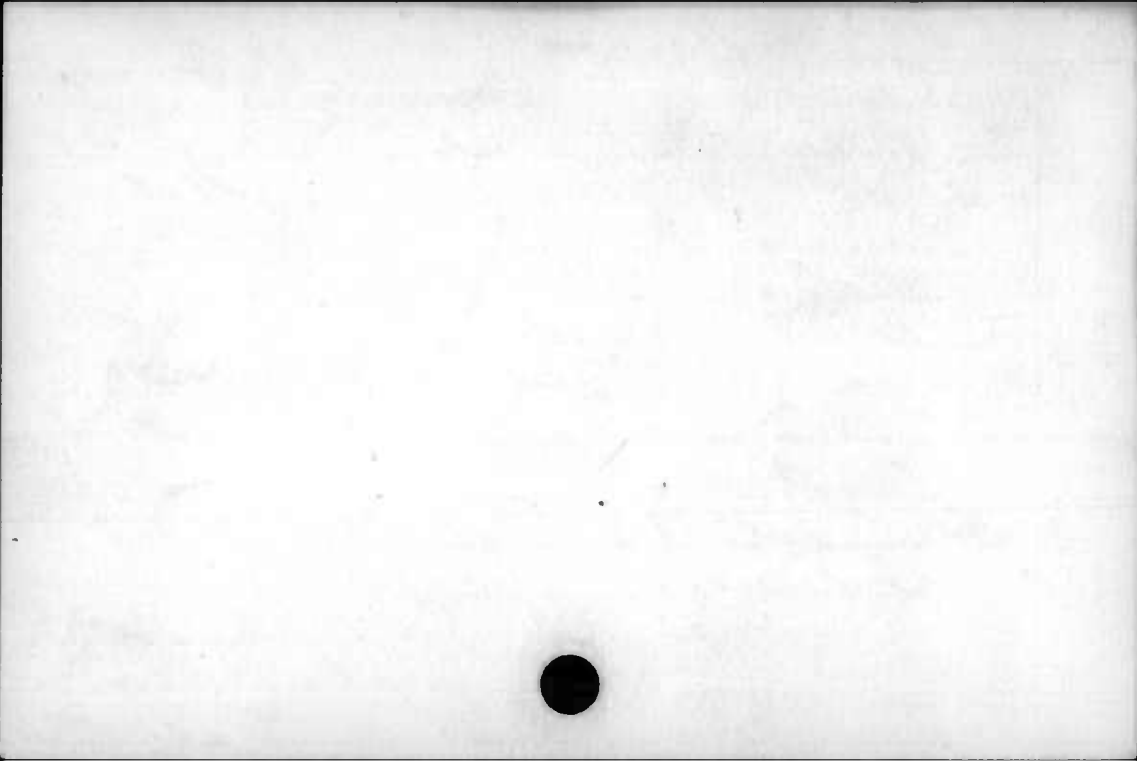


Name in Full		George Barkley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		<u>Co</u> <small>MD</small> MARYLAND	
		Date of death <u>1907</u> <small>Month</small> <u>May</u> <small>Day</small> <u>14</u>		Age <u>1</u> <small>Years</small>		<u>1</u> <small>Months</small> <u>—</u> <small>Days</small>	
		Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>Cambridge</u>	
		Occupation <u>child</u>		Where Residing if not at place of death <u>Cambridge</u>			
		<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> or Widowed		Name of Wife or Husband			
FATHER'S NAME		Father's Name <u>George Barkley</u>		Father's Birthplace <u>Cambridge</u>			
		Mother's Maiden Name <u>Sarah Eliz. Cornish</u>		Mother's Birthplace <u>Bucktown</u>			
		Name of person giving information <u>Dayley</u>		How related to deceased <u>Uncle</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>		(93)		How long <u>Don't know</u>	
		Immediate <u>Heart Failure very likely as I only saw child once, 3 months ago.</u>				How long	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. E. Wolff</u>			
				Address <u>Cambridge, Md.</u>			
				Accident or Suicide?			



Name
in
Full

Robinson Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i>		Town <i>Dorchester</i>		County		MARYLAND						
Date of death	1907	Month	May	Day	15	Age	82	Years	6	Months	28	Days
Sex	Male		Color or Race	White		Birth-place	Md.					
Occupation	Farming				Where Residing if not at place of death							
Married, Single or Widowed	Widower		Name of Wife or Husband		Mary T. Barnes							
Father's Name	Robert Barnes				Father's Birthplace		Md.					
Mother's Maiden Name	Jemima Gadd				Mother's Birthplace		Md.					
Name of person giving information	John Branigan				How related to deceased		Brother in Law					

CAUSES OF DEATH

120

How long

3 yrs

How long

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	
Immediate	<i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	J. B. Shriver Jr.	
Address	Taylor's Island	
Accident or Suicide?	Md.	



Name
in
Full

Melvina Isabel Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

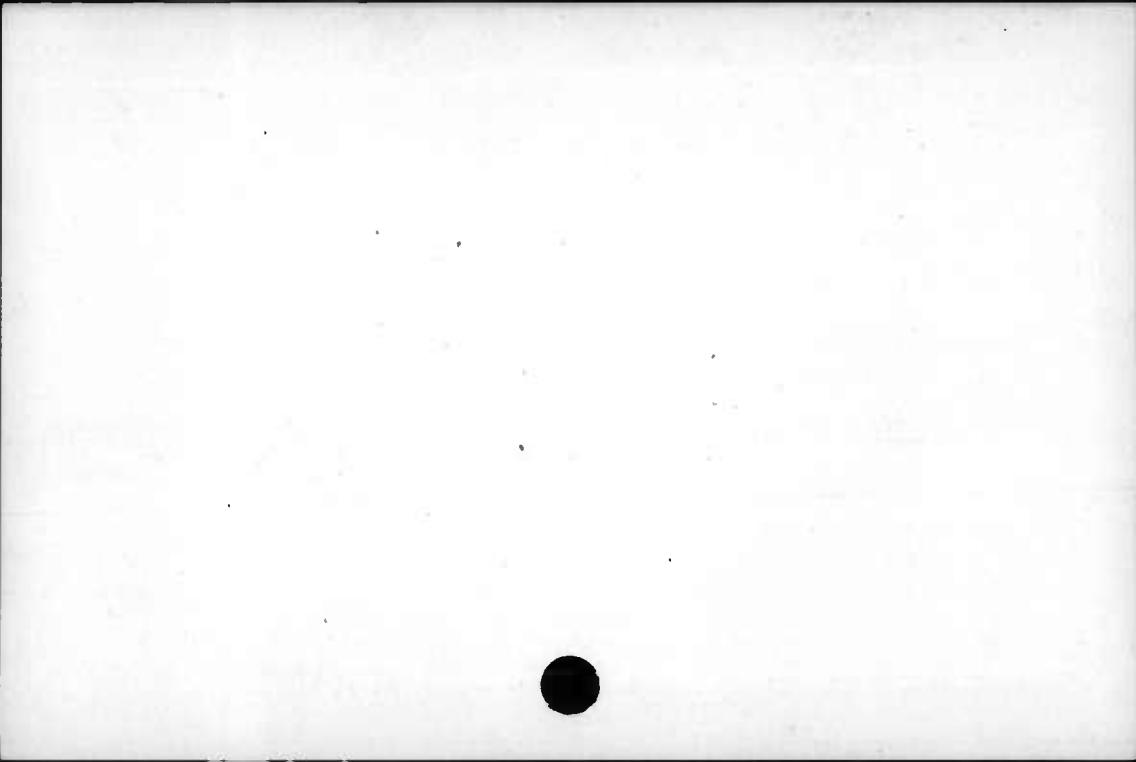
Died at <i>Bishopstoke</i> ^{Town}		<i>Stonchester</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>May</i> ^{Day} <i>17</i>	Age	<i>61</i> ^{Years}	<i>4</i> ^{Months}	<i>5</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Housekeeper</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Bushrod Bramble</i>		
Father's Name	<i>Gilbert Wingate</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Priscilla Mills</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Royston B Bramble</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>2 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. A. Jones</i>
		Address	<i>Stonchester</i>
Accident or Suicide?			

79



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

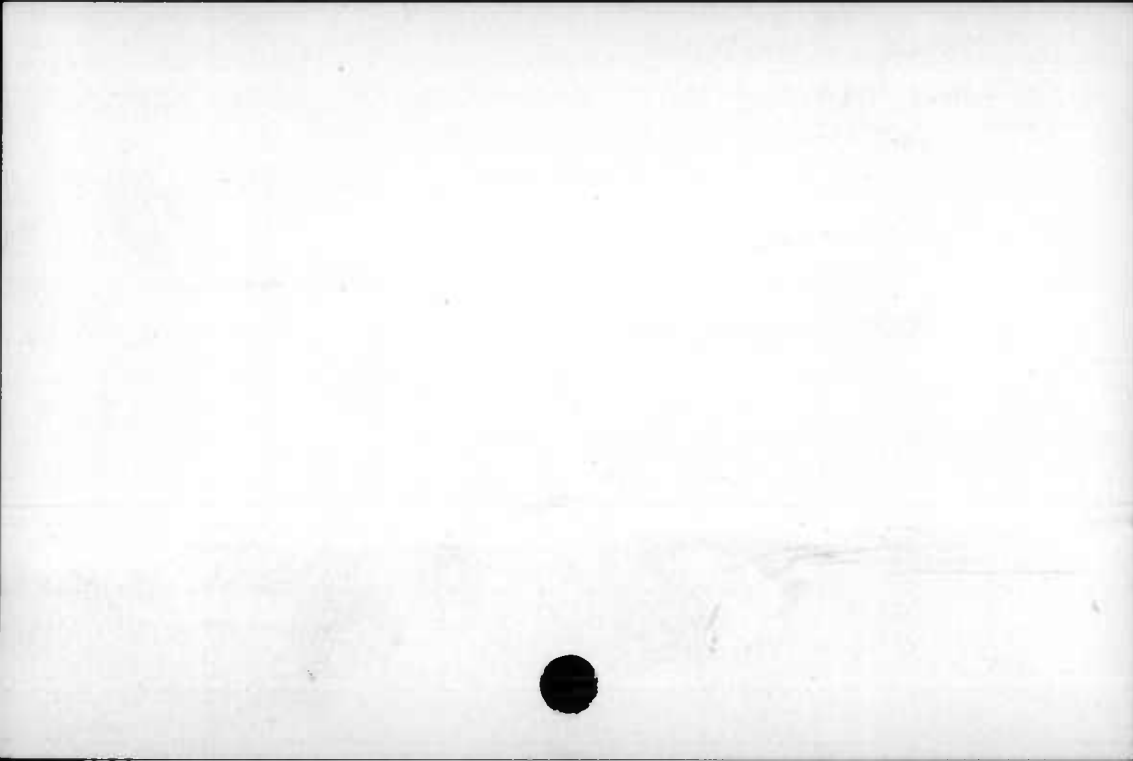
Name in Full <i>John Cornish</i>		Town <i>Williamsburg</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Williamsburg</i>		Month <i>May</i>		Days <i>21st</i>		Age <i>69</i>	
Date of death <i>1907</i>		Month <i>May</i>		Days <i>21st</i>		Age <i>69</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth- place <i>Md</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death		Birth- place <i>Md</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary F. Cornish</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>Roger Cornish</i>		Mother's Maiden Name <i>not known</i>		How related to deceased <i>son in law</i>		Name of person giving information <i>Harriet Hubbard</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart disease</i>		How long <i>2 yrs</i>	
Immediate <i>Heart disease</i>		How long <i>6 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. J. Maguire</i>	
Accident or Suicide?		Address <i>Harriet 2 Md</i>	



Name
in
Full

Samuel Dunnock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

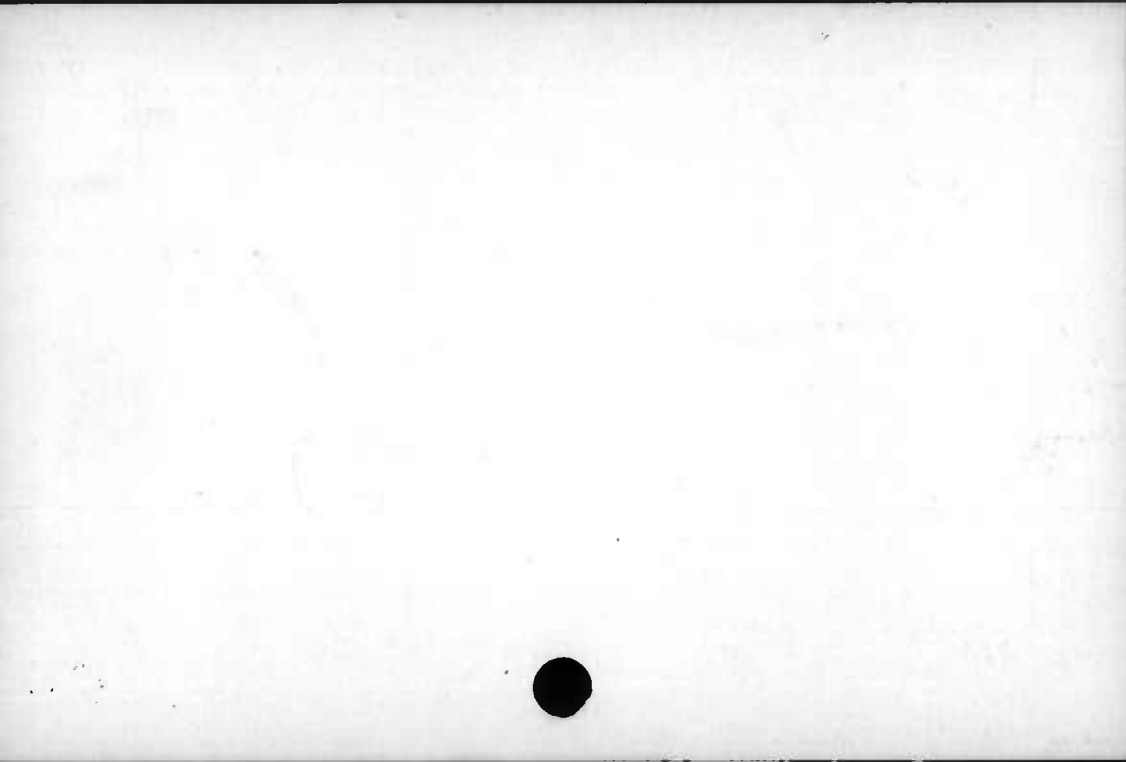
Died <i>near Madison</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>25</i>	Age <i>73</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Miranda Dunnock</i>						
Father's Name <i>Samuel Dunnock</i>	Father's Birthplace <i>Dor. Co. Md.</i>						
Mother's Maiden Name <i>Sarah Shenton</i>	Mother's Birthplace <i>Dor. Co. Md</i>						
Name of person giving information <i>David Dunnock</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>about 4 months</i>
Immediate <i>General exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. L. Brnich M.D.</i>
	Address <i>Madison, Md.</i>
Accident or Suicide?	



Name
in
Full

Annie Fleetwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

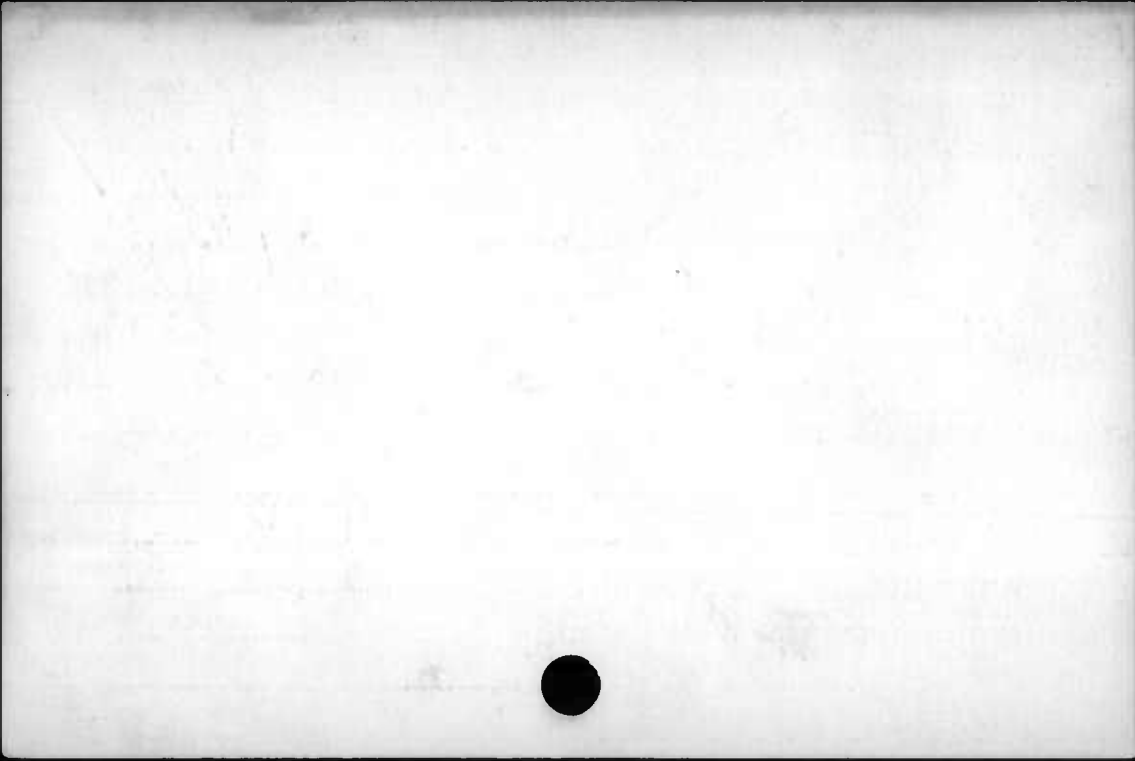
Died at <i>Harrison</i>		Town		County <i>Dor</i>		MARYLAND	
Date of death 190	Month <i>5</i>	Day <i>26</i>	Age <i>53</i>	Years <i>✓</i>	Months <i>✓</i>	Days <i>9</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Dor Co</i>				
Married, Single or Widowed <i>Widow</i>	Occupation <i>Housekeeper</i>						
Name of Wife or Husband <i>Isaac F. Fleetwood</i>							
Father's Name <i>Jacob S. White</i>				Father's Birthplace <i>Dor</i>			
Mother's Maiden Name <i>Sarah C. Full</i>				Mother's Birthplace <i>Dor</i>			
Name of person giving information <i>Luther Williams</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>Eight mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Rogers Myers</i>
	Address <i>Hurlock Md</i>
Accident or Suicide?	



Name
in
Full

Samuel S. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

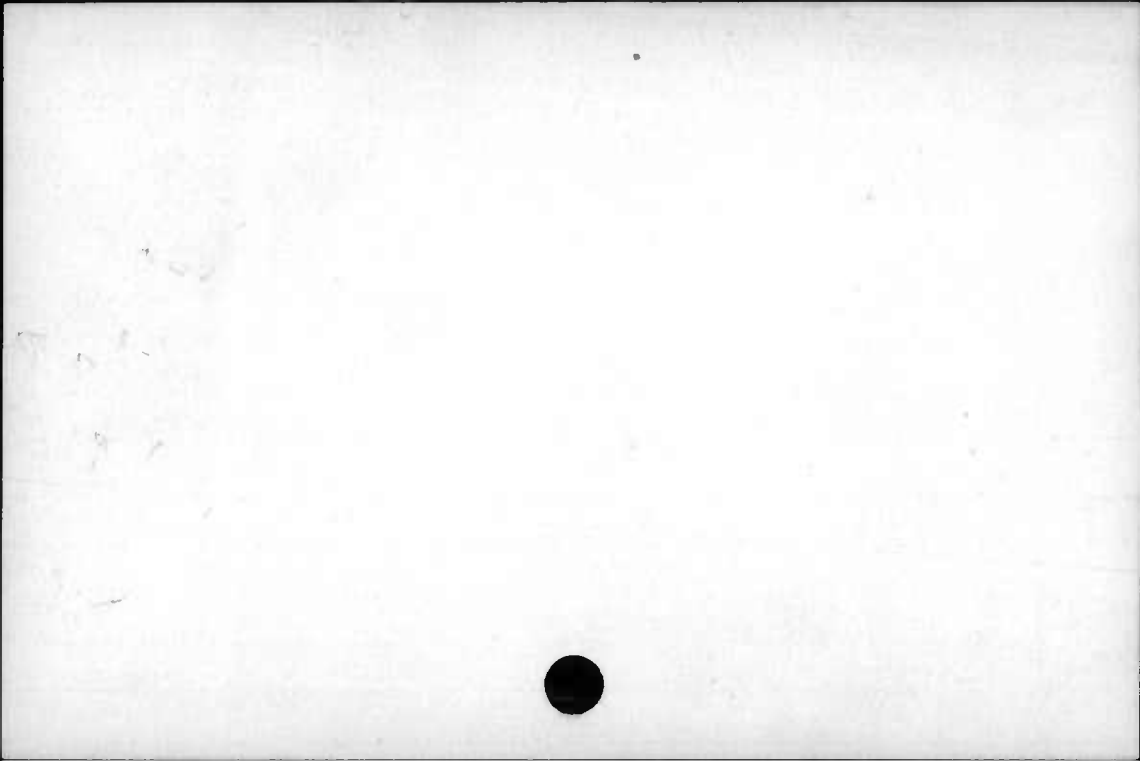
Died at <i>Camden</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>12th</i>	Years <i>68</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Somerset Co.</i>		
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah E. Ford</i>		<i></i>		
Father's Name <i>Elsey Jr.</i>	Father's Birthplace <i>Somerset Co.</i>		<i></i>		
Mother's Maiden Name <i>Mariel Ford</i>	Mother's Birthplace <i></i>		<i></i>		
Name of person giving information <i>Mr. Sarah E. Ford</i>		How related to deceased <i>Wife</i>		<i></i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral stenosis (specific origin)</i>	How long <i>6 months</i>
Immediate <i>Acute heart exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Guy Steele</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

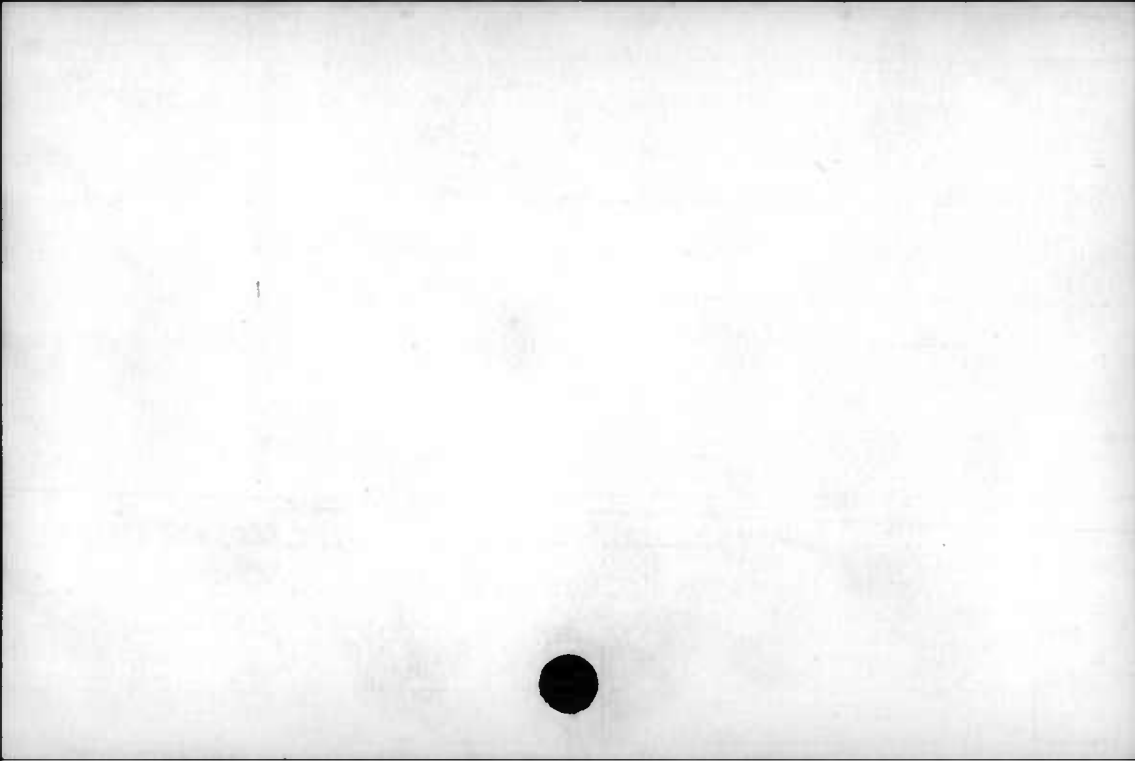
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1901		May	9th	1	1	9	
Sex	Female	Color or Race	Colored	Birth place	Cambridge		
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	_____			Name of Wife or Husband _____			
Father's Name	Robert Eugene			Father's Birthplace St. Marys			
Mother's Maiden Name	Martha J. Ross			Mother's Birthplace Rochester, Co			
Name of person giving information	Martha Green			How related to deceased Mother			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Acute Gastric Enteritis	How long	Two months
Immediate	Anemia	How long	Several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Esther P. Reynolds M.D.
		Address	Cambridge Md.
Accident or Suicide?			



Name
in
Full

William J. Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

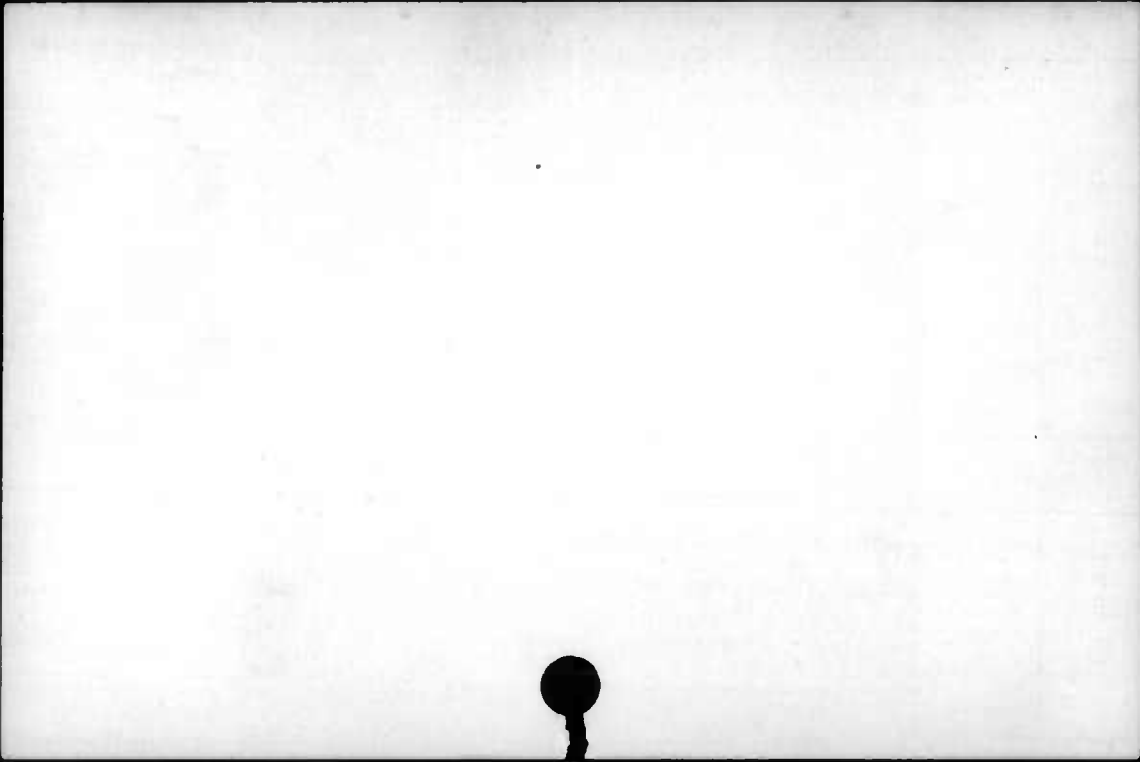
Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>31</i>	Age <i>80</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Cambridge Md</i>			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Martha Henry</i>				
Father's Name <i>Cyrus Henry</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Do not know</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Rufus C. Henry</i>					

CAUSES OF DEATH

(44)

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Malor region</i>	How long <i>1 1/2 months</i>
Immediate <i>Exhaustion from Extension of growth</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lucy Stille</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

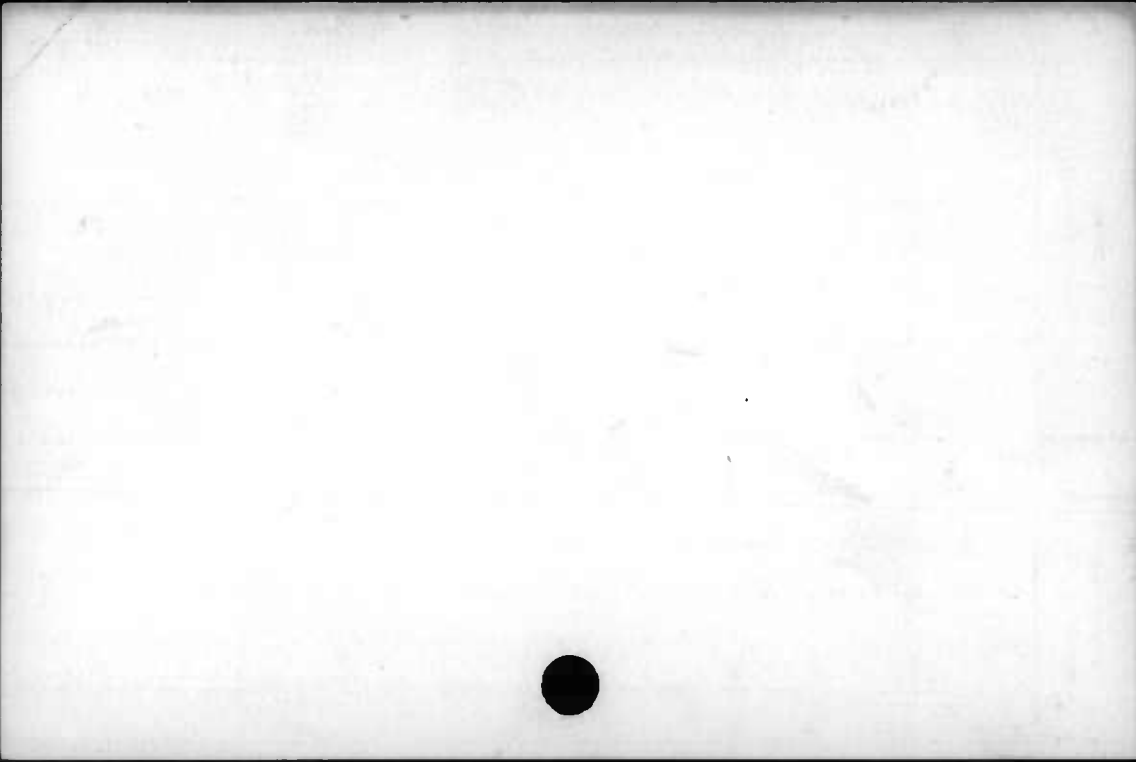
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Several mos
Immediate	Asphyxia	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dexter C. Reynolds MD	
		Address	
		Cambridge, Md	
Accident or Suicide?			



Name
in
Full

Francis Horney

CERTIFICATE OF DEATH

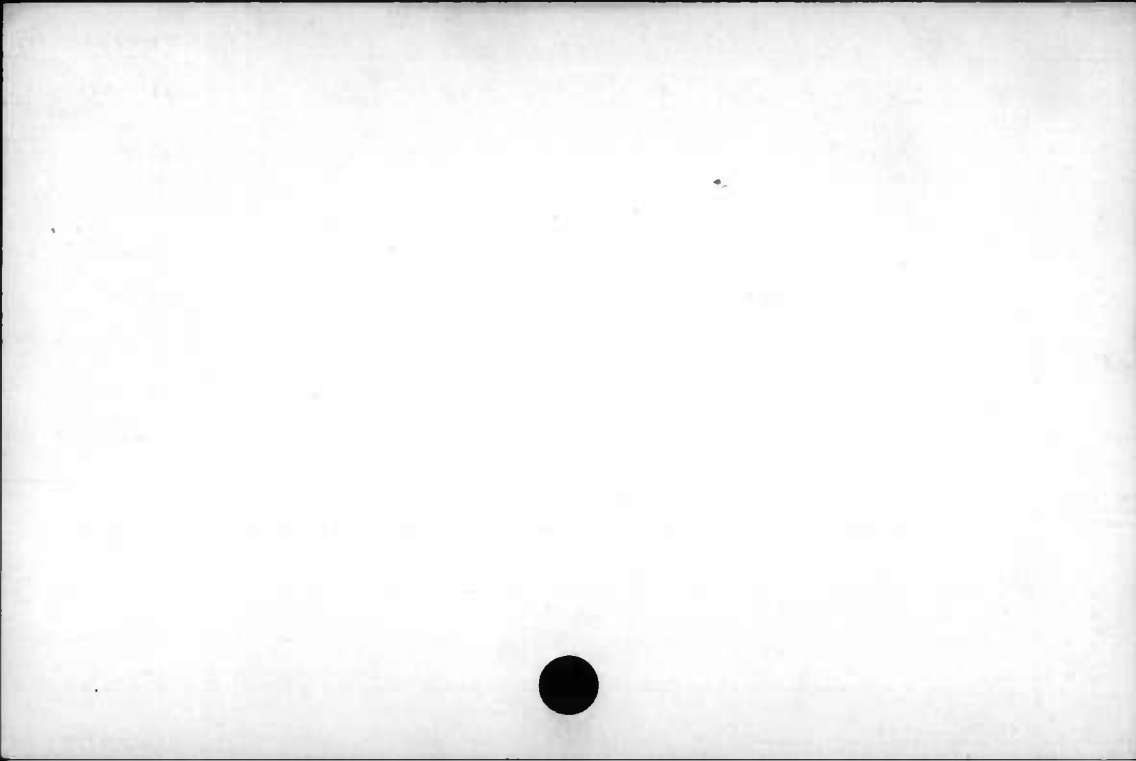
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Henlock</i>		Town		County		MARYLAND	
Date of death 1907	Month <i>✓</i>	Day <i>10</i>	Age	Years <i>80</i>	Months <i>1</i>	Days <i>10</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Port Co</i>				
Married, Single or Widowed <i>married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Elizabeth Horney</i>							
Father's Name <i>- Horney</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Charles H Horney</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>10 days</i>
Immediate <i>Senility</i>	How long <i>5 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Roger Myers</i>
	Address <i>Henlock Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

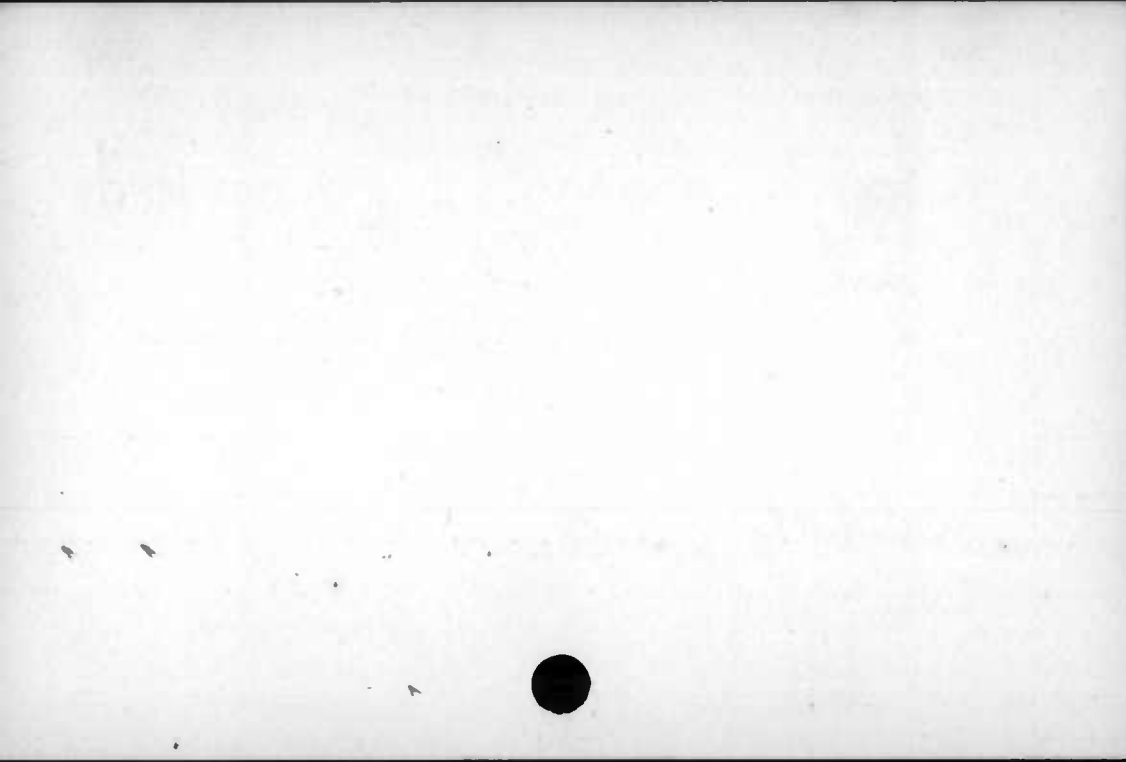
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thymon</u> <small>Town</small>		<u>Oncken</u> <small>County</small>		MARYLAND	
Date of death 1907		Month <u>5</u>	Day <u>24</u>	Age <u>not known</u>	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Col'd</u>	Birth-place <u>Ind.</u>			
Occupation <u>Julm</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Matthews Hopkins</u>				
Father's Name <u>Rott-Difon</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>Mary Difon</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u> </u>		How related to deceased <u> </u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart failure</u>	<u>(79)</u>	How long <u>3 hours</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. Hollis</u>	Address <u>Prater Ind.</u>
Accident or Suicide?		



Name
in
Full

Hester Henghus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge Md		County Dorchester Co		MARYLAND	
Date of death	1907	Month May	Day 26	Age 5	Years	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Cambridge
Occupation	Child			Where Residing if not at place of death		Cambridge	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Mr James Henghus					Father's Birthplace	Cambridge
Mother's Maiden Name	Sara Cornish					Mother's Birthplace	Cambridge
Name of person giving Information	Mr James Henghus					How related to deceased	Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia (Secondary)	How long	2 weeks
Immediate	Heart Failure	How long	20 minutes.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Wolff	
Address		Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

Lurwa Insley

CERTIFICATE OF DEATH

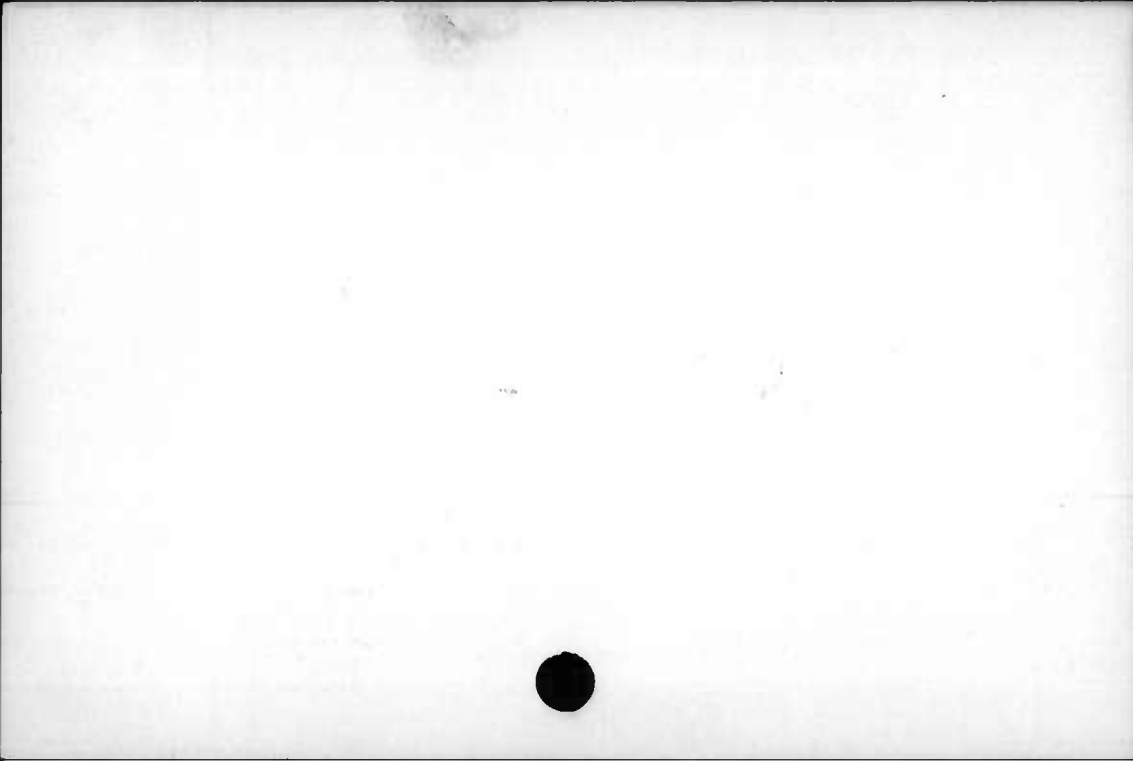
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Toddville</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>08</i>	Years <i>41</i>	Age
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Toddville</i>		
Occupation <i>housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>John Insley</i>		Father's Birthplace <i>Toddville</i>			
Mother's Maiden Name <i>Mary Insley</i>		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hypertrophy of Heart</i>	<i>79</i>	How long <i>2 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Hermann</i>
		Address
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charlotte Johnson</i>		Town <i>Leighwood</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Leighwood</i>		Month <i>May</i>		Day <i>11</i>		Years <i>65</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Dorchester</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Johnson</i>					
Father's Name <i>Adam Wilson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary West</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Kate Wilson</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>3 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Anthony M. Turner</i>	
	Address <i>J. P.</i>	
Accident or Suicide?		



Name
in
Full

Hennie Kemp

CERTIFICATE OF DEATH

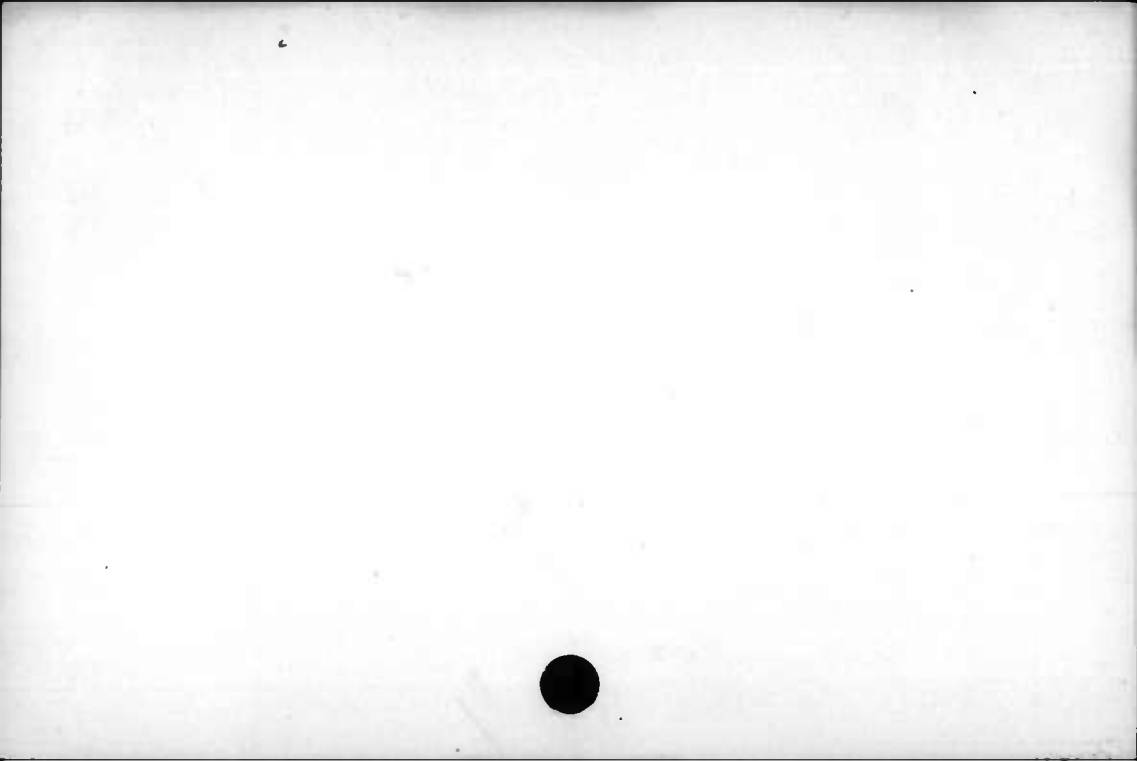
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cambridge		Dorchester		Co		MARYLAND	
Date of death		1907		May		19		Age 56	
Sex		Female		Color or Race		White		Birth-place	
Occupation		House Keeper		Where Residing if not at place of death		Cambridge		Talbot Co	
Married, Single or Widowed		Single		Name of Wife or Husband		Alford Kemp		Talbot Co	
Father's Name		John Chance		Father's Birthplace		Talbot Co		Talbot Co	
Mother's Maiden Name		Hennie Chance		Mother's Birthplace		Talbot Co		Talbot Co	
Name of person giving information		James Kemp		How related to deceased		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis.	(120)	How long	2 or 3 years.
Immediate	Heart Failure		How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Cambridge, Md.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

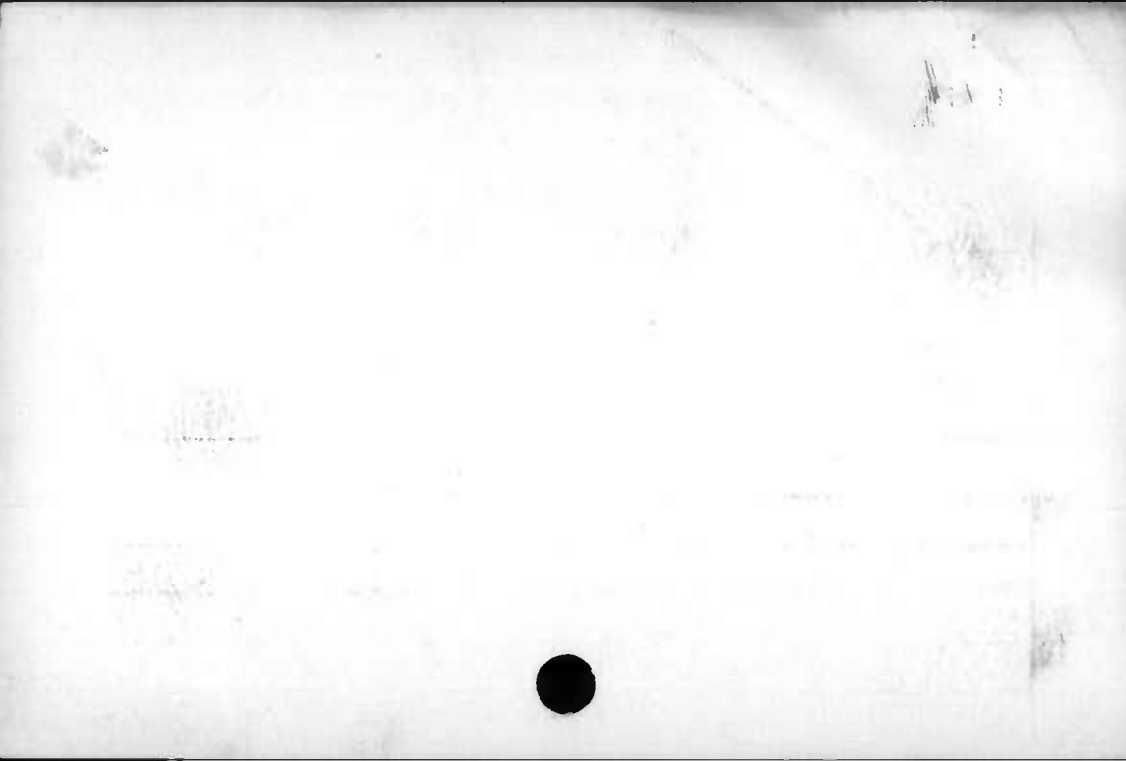
Name in Full <i>John White Keith</i>		Town <i>near Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>near Cambridge</i>		Month <i>May</i>		Day <i>26</i>		Years <i>3-3</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>26</i>		Age <i>3-3</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Dorchester</i>		Months <i>4</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Days <i>25-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annitta Keith</i>		Father's Birthplace <i>Dorchester</i>		Mother's Birthplace <i>Dorchester</i>	
Father's Name <i>Gabriel J. Keith</i>		Mother's Maiden Name <i>Annitta Black</i>		How related to deceased <i>Wife</i>			
Name of person giving information <i>Annitta Keith</i>							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>about 2 years</i>
Immediate <i>Active Congestion of Lungs</i>	How long <i>about 6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor Blauvelt</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Tho. L. Matthews

Town

County

MARYLAND

Died at

Taylor's Island

Dorchester

Date

Month

Day

Years

Months

Days

of death

1907 May

28

Age

35

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Lavinia

Matthews

Father's
Name

Sam'l Matthews

Father's
Birthplace

Md

Mother's
Maiden Name

Mary A. Ruark

Mother's
Birthplace

Md

Name of person giving
In formation

Sam'l H. Matthews

How related
to deceased

Brother

CAUSES OF DEATH

4

Primary

Malaria - Pernicious

How long

1 week

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. B. Shriver Jr

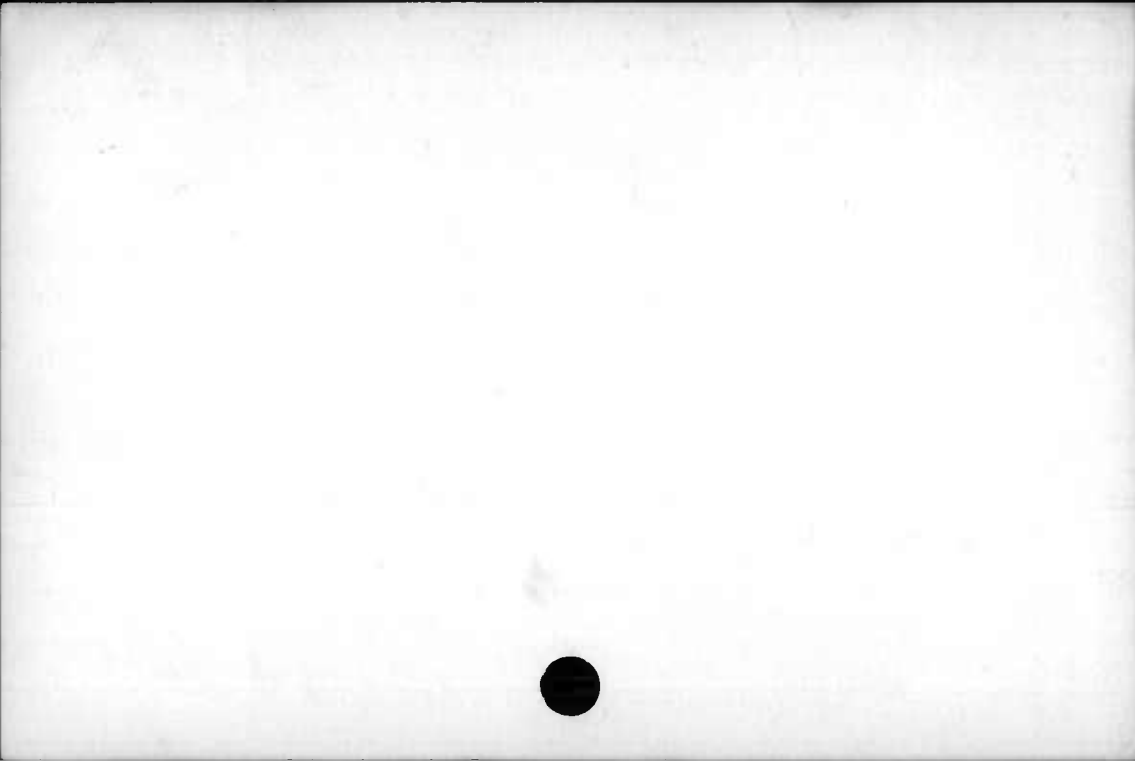
Taylor's Island

Dor. Co. Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Charles W. Meredith		CERTIFICATE OF DEATH	
Died at Toddville Town		Dorchester County	
Date of death 1907 Month May Day 18 Age 37 Years		Months Days	
Sex Male	Color or Race white	Birth-place Dorchester	
Occupation Merchant	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Victoria Robinson		
Father's Name John Meredith	Father's Birthplace		
Mother's Maiden Name Mary	Mother's Birthplace Dorchester Co		
Name of person giving information	How related to deceased		
<div> <div> <div>TO BE ANSWERED BY NEAREST FRIEND</div> </div> </div>			
<div> <div> <div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div> Paralysis Paralysis of Brain </div> </div> <div> <div>Immediate</div> <div> </div> </div> </div> <div> <div>Are the name, age, sex, color, date and place correctly given above?</div> <div>Signature of Physician</div> <div>Address</div> </div> <div> <div>How long</div> <div>How long</div> </div> </div>			
<div> <div> <div>PHYSICIAN OR CORONER</div> </div> </div>			
<div> <div> <div>Accident or Suicide?</div> </div> </div>			



Name
in
Full

CERTIFICATE OF DEATH

George Mueller
Town

County

MARYLAND

Died at Chesapeake Bay

Date

of death

1907

Month

May

Day

21

Age

Years

unknown

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Sailor

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

- Mueller

Father's
Birthplace

Germany

Mother's
Maiden Name

unknown

Mother's
Birthplace

Germany

Name of person giving
Information

Capt John W. Parks

How related
to deceased

None

CAUSES OF DEATH

Primary

Drowned

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Chas. M. Hanby, M.D.

Address

County Health Officer
Baltimore CountyAccident ☒ SuicideTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1990

Name
in
Full

George Pann

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge^{County} Worcesterma
MARYLAND

Date of death 1907 May

Day 13

Age 1 Years

Months 2

Days

Sex male

Color or Race Black

Birth-place Cambridge

Occupation white

Where Residing if not at place of death Cambridge

Married, Single or Widowed

Name of Wife or Husband

Father's Name Jerry Pann

Father's Birthplace Cambridge

Mother's Maiden Name Dont-Know

Mother's Birthplace Dont-Know

Name of person giving information Jerry Pann

How related to deceased Father

CAUSES OF DEATH

74

Primary Abscess in Parietal Lobe of Brain

How long One week

Immediate Hemorrhage

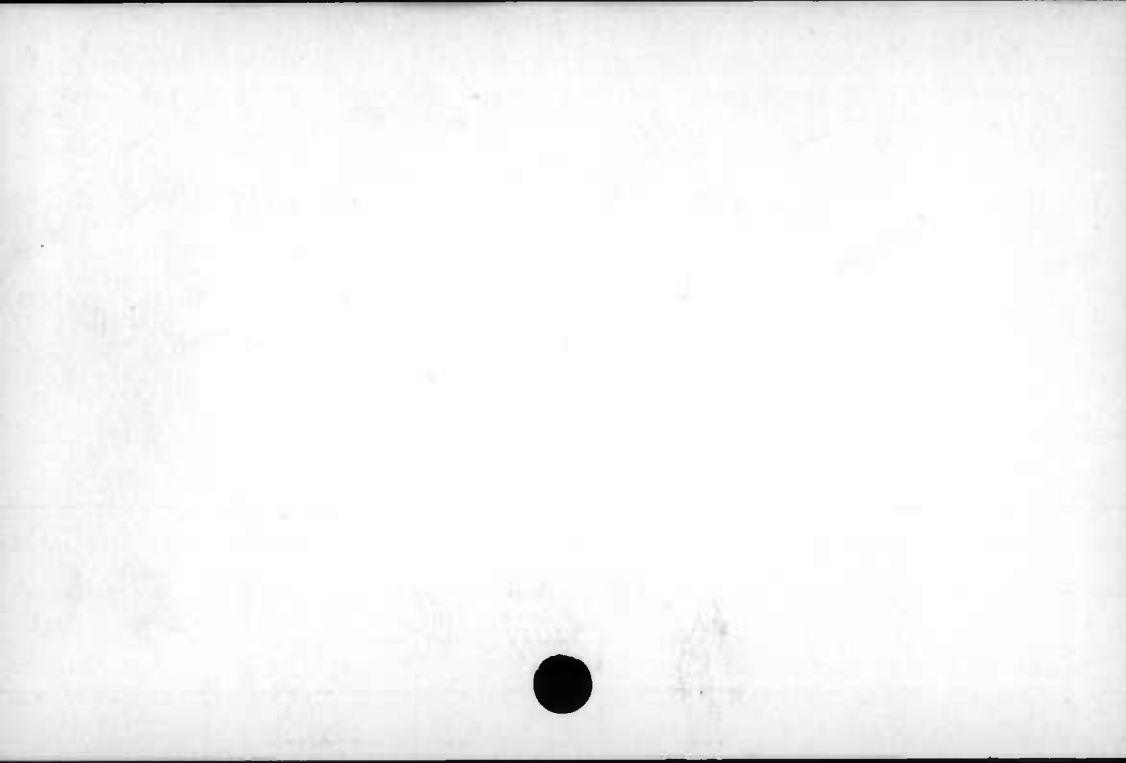
How long About 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Victor F. Carroll

Address Cambridge, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Solomon E. Phillips*

Died at *Lakesville* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *May* ^{Day} *1* ^{Years} *60* ^{Months} *—* ^{Days} *12*

Sex *Male* Color or Race *White* Birthplace *md*

Occupation *Oysterman* Where Residing if not at place of death *md*

Married, Single or Widowed *Married* Name of Wife or Husband *Susie A. Phillips*

Father's Name *Solomon F. Phillips* Father's Birthplace *md*

Mother's Maiden Name *Fannie J. Robins* Mother's Birthplace *md*

Name of person giving information *Susie A. Phillips* How related to deceased *Wife*

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary *Rheumatism* How long *2 weeks*

Immediate *Cerebral Hemorrhage* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

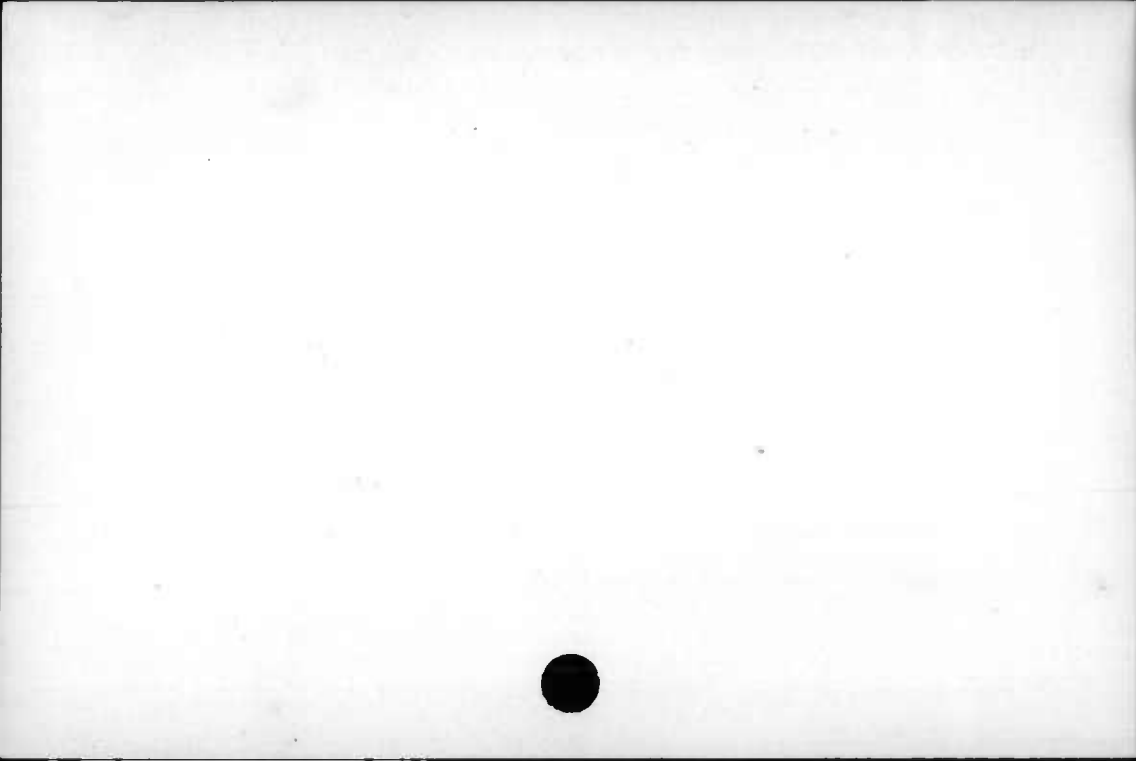
Signature of Physician

Address

E. A. Jones, M.D.

Chesapeake

Accident or Suicide?



Name
in
Full

San Pinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

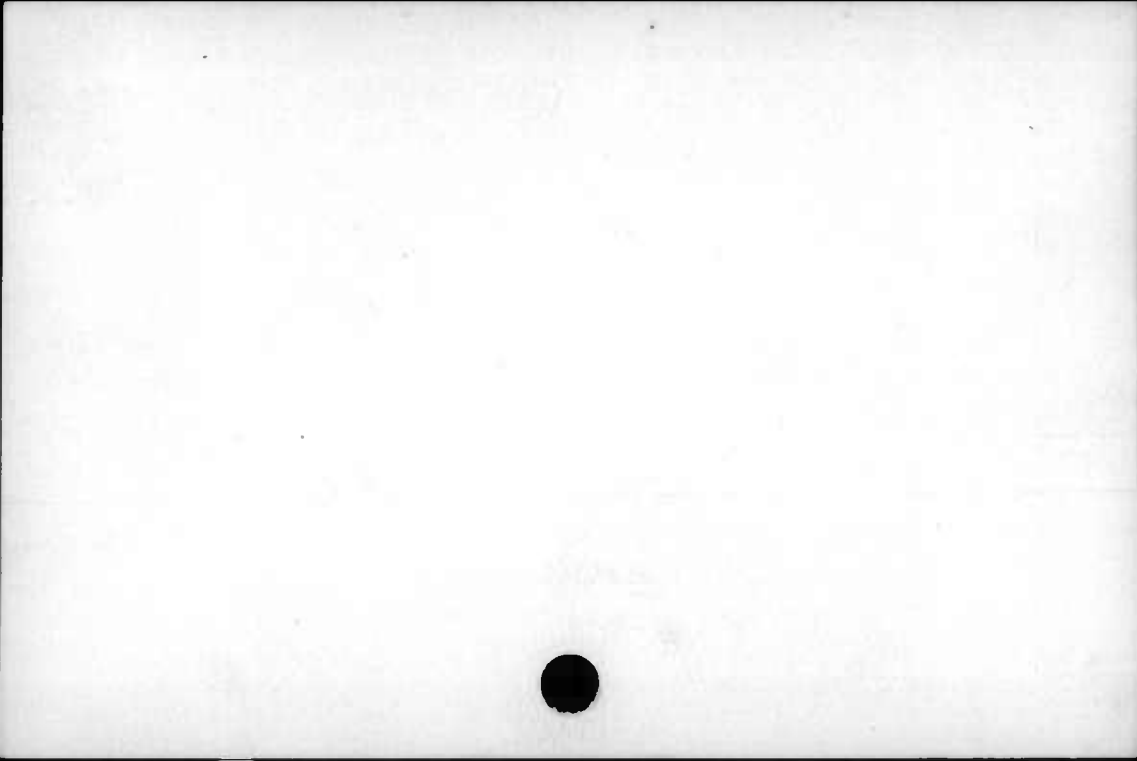
Died at		Town Bucktown		County Dorchester		MARYLAND	
Date of death		1907	Month May	Day 7 th	Age 20	Months	Days
Sex Male		Color or Race Caucasia		Birth-place Bucktown			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm. J. Pinder		Father's Birthplace Bucktown					
Mother's Maiden Name Leah Clash		Mother's Birthplace					
Name of person giving information Jos. Phillips		How related to deceased not at all					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis.	How long	don't know.
Immediate	Don't know as I only saw him once, quite a long time ago.		
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. E. Wolff	
Address		Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

Ida Rebecca Pinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

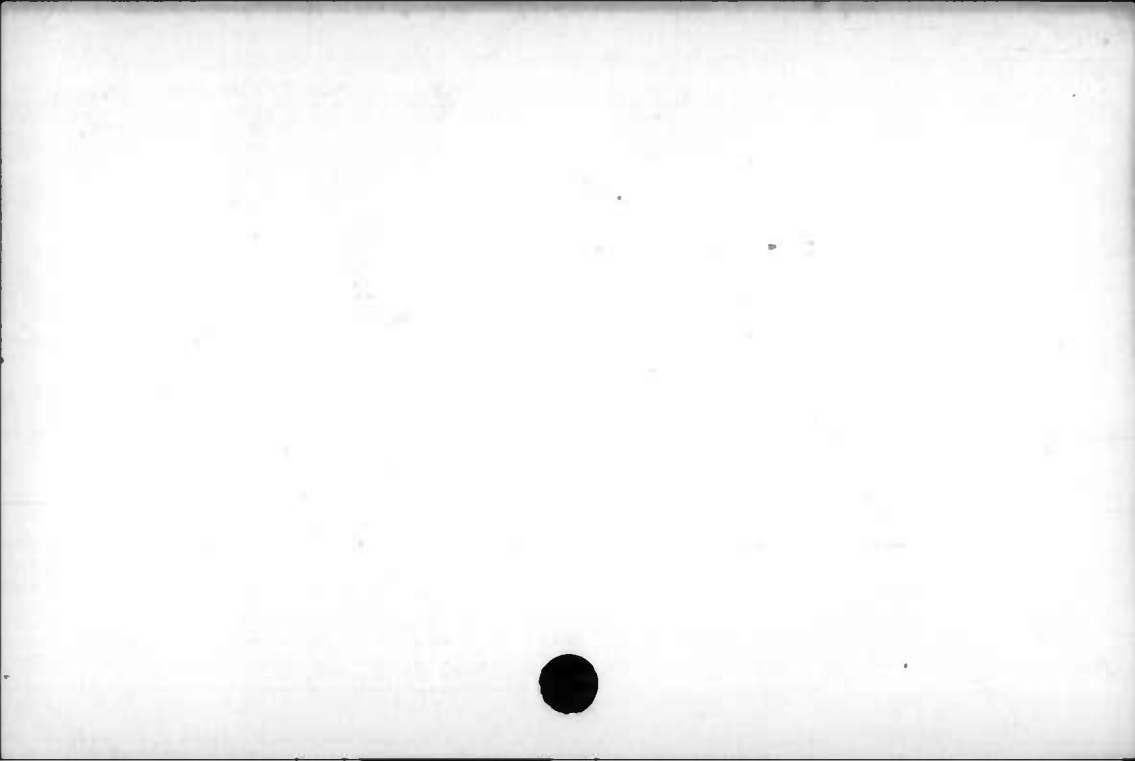
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1904</u>	<u>May</u> ^{Month}	<u>1st</u> ^{Day}	Age <u>38</u> ^{Years}	<u>0</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Westminister, Md.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Richard Pinder</u>				
Father's Name <u>Amos Bell</u>	Father's Birthplace <u>Pennsylvania</u>		Mother's Birthplace <u>Pennsylvania</u>		
Mother's Maiden Name <u>Rebecca Jones</u>	How related to deceased <u>Husband</u>				
Name of person giving information <u>Richard Pinder</u>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia & Scurvy</u>	How long <u>3 weeks</u>
Immediate <u>Cardiac Failure</u>	How long <u>12 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dexter P. Reynolds M.D.</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at James Town		Penelope County		MARYLAND							
Date of death	1904	Month	May	Day	25	Age	63	Months		Days	14
Sex	Male		Color or Race	White		Birth-place	James Md				
Occupation	mail driver		Where Residing if not at place of death								
Married, Single or Widowed	married		Name of Wife or Husband		Susan A Rhea						
Father's Name	Antenauer		Father's Birthplace		Scotland						
Mother's Maiden Name	Antenauer		Mother's Birthplace		Md						
Name of person giving information	J. R. Rhea		How related to deceased		Son						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis		How long	1 yr
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	S. A. Stokes
			Address	Rt 645
				Cambridge
Accident or Suicide?				



Name
In Full

Alice Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

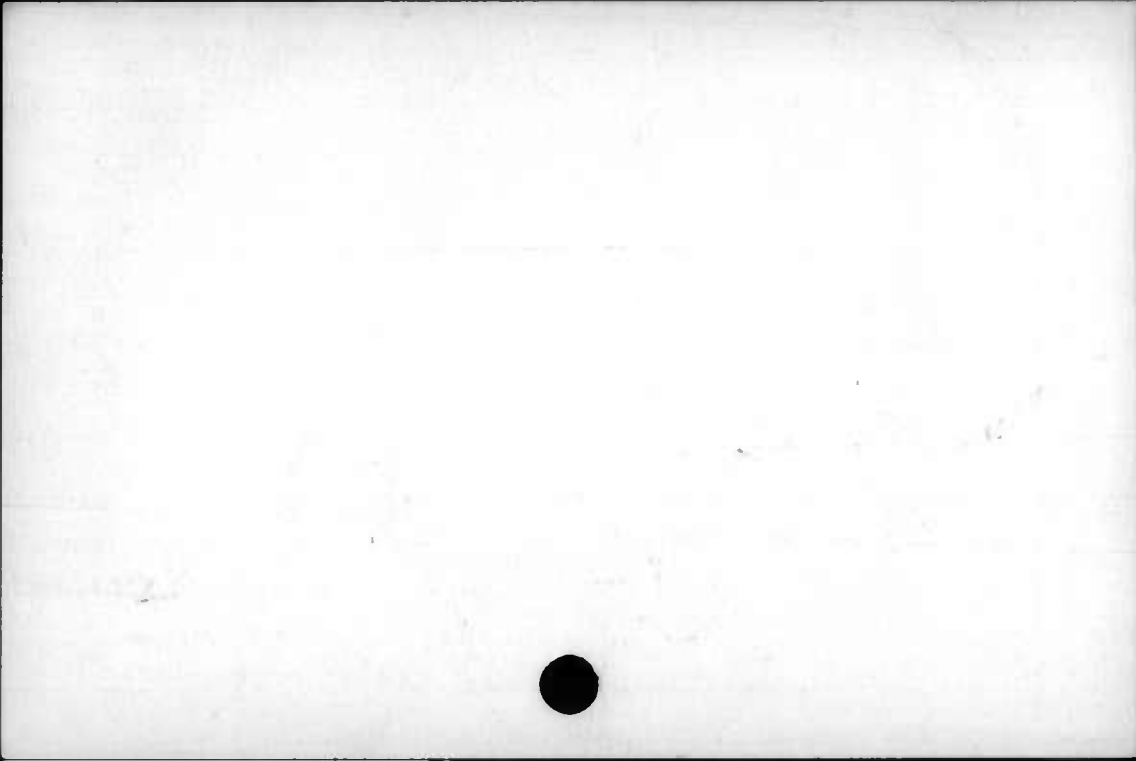
Died at <i>Lakewood</i> Town		<i>Horshester</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>4</i>
Age	<i>34</i>	Years		Months	
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Bucktown</i>
Occupation	<i>Housework</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>James W. Robbins</i>		
Father's Name	<i>Joseph Willey</i>		Father's Birthplace	<i>Bucktown</i>	
Mother's Maiden Name	<i>Elora Insten</i>		Mother's Birthplace	<i>Bucktown</i>	
Name of person giving information	<i>James W. Robbins</i>		How related to deceased	<i>husband</i>	

CAUSES OF DEATH

V34

PHYSICIAN
OR CORONER

Primary	<i>abortion</i>	How long	<i>2 months</i>
Immediate	<i>Dysentery & Sepsis</i>	How long	<i>short while</i>
Are the name, age, sex, color, date and place correctly given above?	<i>y/s</i>	Signature of Physician	<i>John Moore</i>
		Address	<i>Cornelison</i>
Accident or Suicide?			



Name
in
Full

Munammad Samphon Coleman

CERTIFICATE OF DEATH

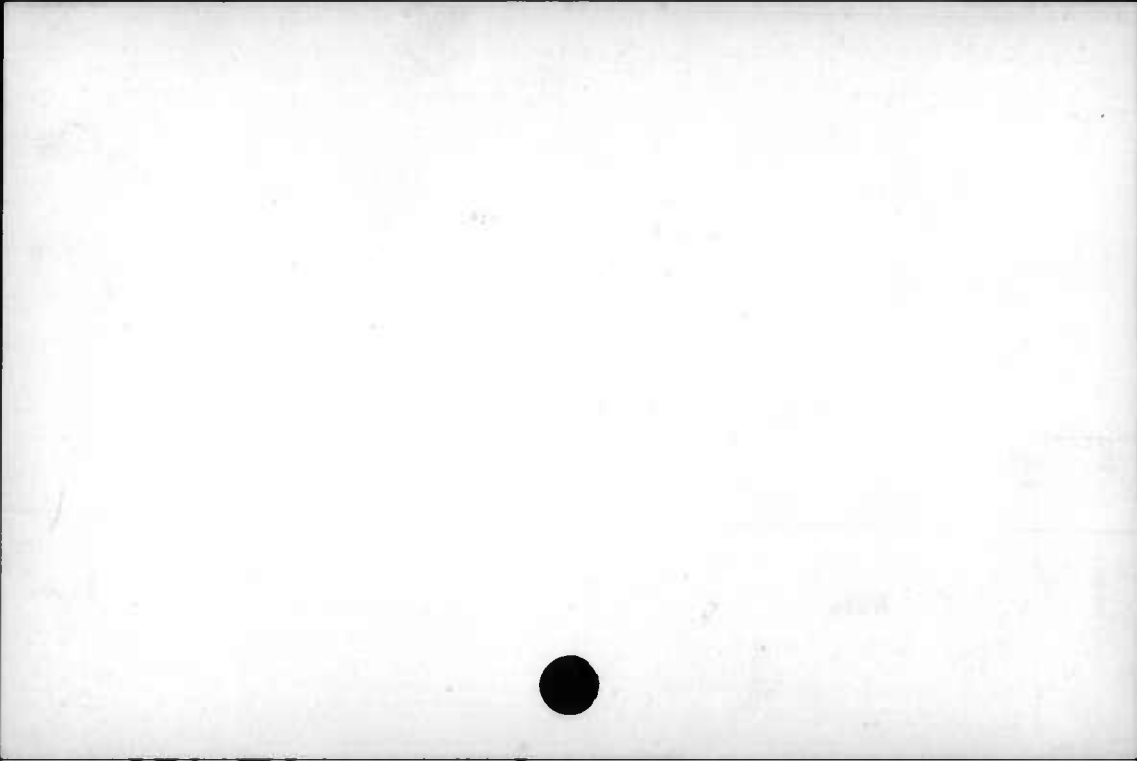
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Linkwood</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1907	Month	5	Day	23 rd	Age	Years
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Dorchester</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Clarence Sampson</i>			Father's Birthplace	
Mother's Maiden Name			<i>Emma Coleman</i>			Mother's Birthplace	
Name of person giving information			<i>Clarence Sampson</i>			How related to deceased	
						<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	(179)	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician
			Address
			<i>A M Vincini</i>
			<i>D. P.</i>
Accident or Suicide?			



Name
in
Full

Benjamin F. Sherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>10</i>	Age <i>75</i>	Years	Months <i>1</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Collector & Auctioneer</i>	Where Residing if not at place of death <i>Cambridge "</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma Sherman</i>						
Father's Name <i>Solomon Sherman</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Mary Neill</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Thomas V. Sherman</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>one week</i>
Immediate <i>Excitation</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. W. Hurd</i>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Selma Spedden

Died at Hills Point

Town

Dorchester

County

MARYLAND

Date

of death 1907

Month

May

Day

21

Age

Years

0

Months

0

Days

24

Sex

Female

Color or
Race

White

Birth-
place

Hills Point Md

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

George Spedden

Father's
Birthplace

Hills Point Md

Mother's
Maiden Name

Annie M Spedden

Mother's
Birthplace

Hills Point Md

Name of person giving
Information

Geo H Spedden

How related
to deceased

Father

CAUSES OF DEATH

176

Primary

Strangulation was

How long

1 hr

Immediate

accidental

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

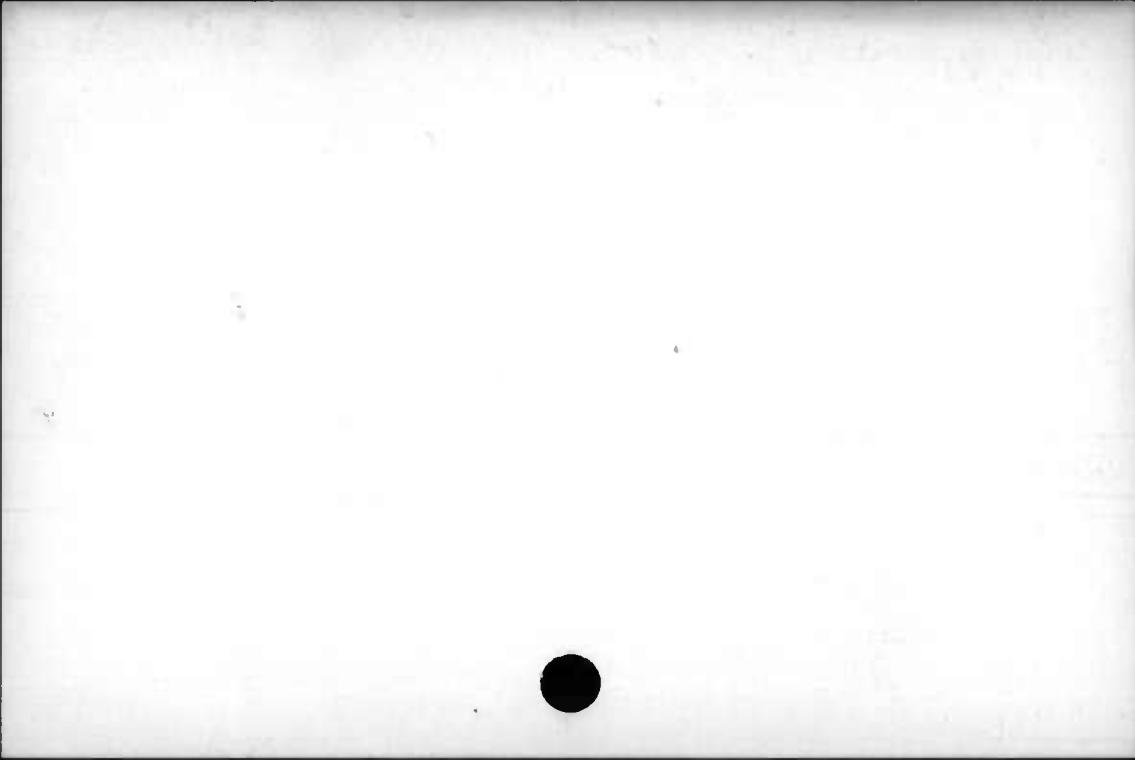
S A Stokes

Address

R 705 Cambridge

Accident or Suicide?

Accidental



Name
in
Full

CERTIFICATE OF DEATH

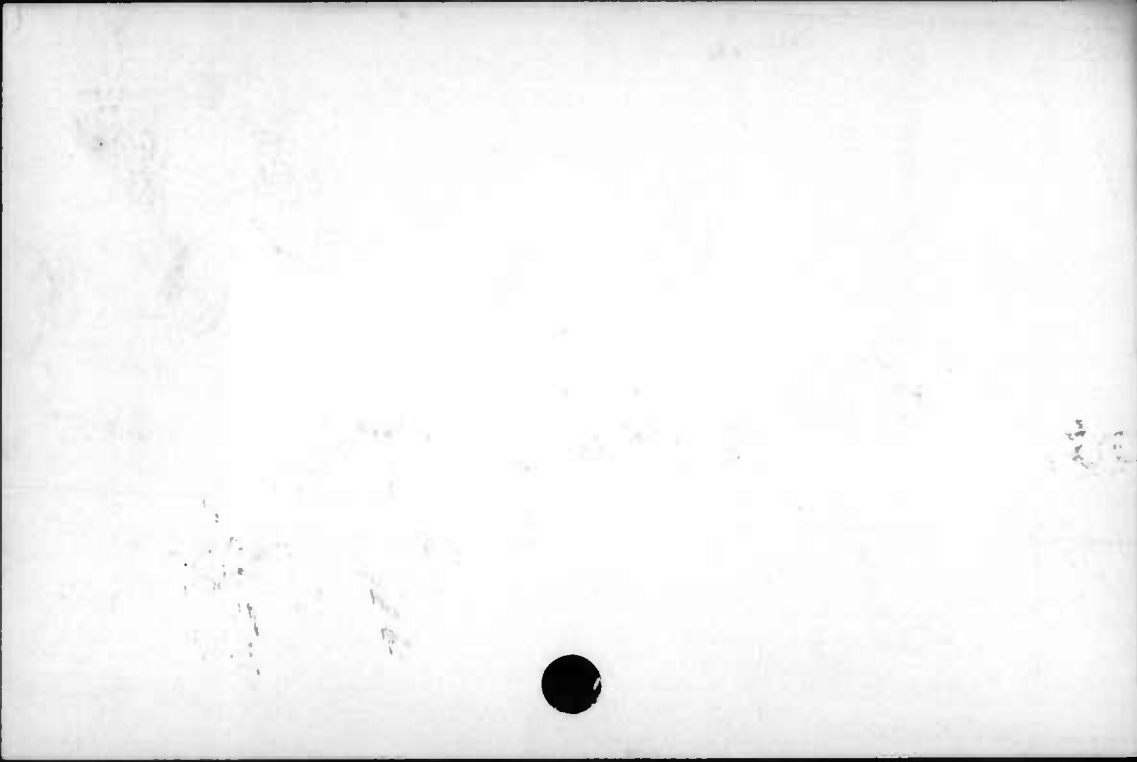
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town} <i>Northchester</i> ^{County} <i>Co</i>		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>May</i> ^{Day} <i>11</i> ^{Years} <i>75</i>	^{Months}		^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Drawbridge, Md</i>	
Occupation <i>House Lady</i>	Where Residing if not at place of death <i>Cambridge</i>		
Married, Single or Widowed	Name of Wife or Husband <i>Isaac Stanley</i>		
Father's Name <i>Isic Fisher</i>	Father's Birthplace <i>Buckles</i>		
Mother's Maiden Name <i>Nancy Ann Standy</i>	Mother's Birthplace <i>Buckles</i>		
Name of person giving information <i>Annie Gordon</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	104	How long <i>2 hours</i>
Immediate <i>Heart Failure</i>		How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>	
	Address <i>Cambridge, Md</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

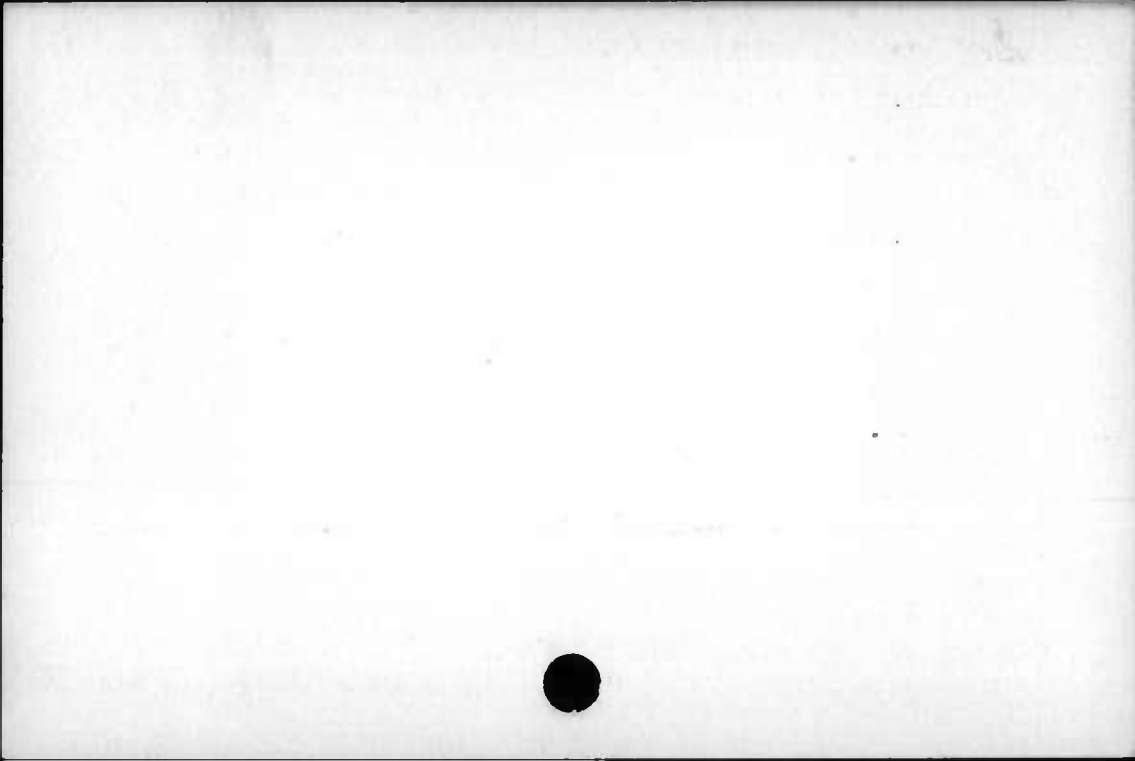
Name <i>Rona Stanley</i>		Town <i>Frenchville</i>		County <i>Nebraska</i>		State <i>MARYLAND</i>	
Died at <i>Frenchville</i>		Month <i>17th</i>		Day <i>17th</i>		Years <i>13 yrs</i>	
Date of death <i>1907</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>school girl</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>Major Stanley</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Helen Carson</i>		Mother's Birthplace <i>heel</i>					
Name of person giving information <i>Major Stanley</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>E. Frain</i>	How long <i>-</i>
Immediate <i>Acute Bright's disease</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. B. Maguire</i>
	Address <i>Amol 1012 md</i>
Accident or Suicide?	



Name
in
Full

Rufus Hamilton Tall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

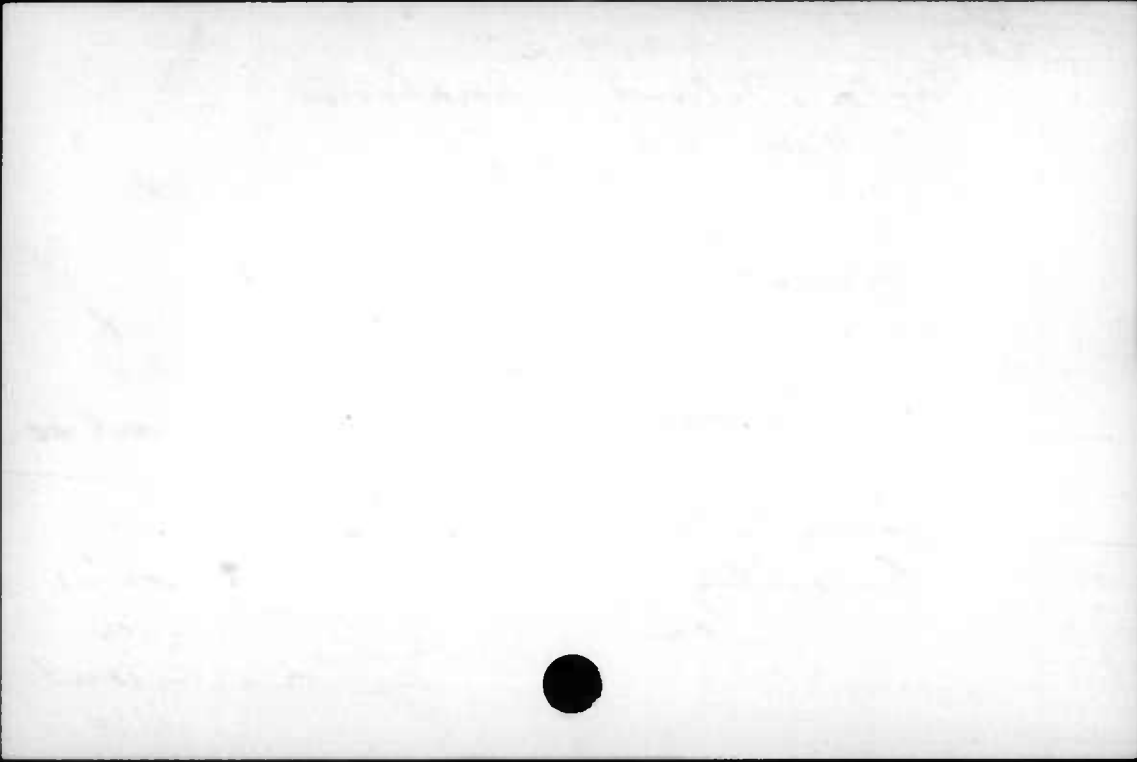
Died at <i>Buckeysburg</i> ^{Town}		<i>Shelburne</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>May</i> ^{Month}	<i>13</i> ^{Day}	Age <i>—</i> ^{Years}	<i>7</i> ^{Months}	<i>24</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Ind</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Gordy Tall</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Annie G. Patchett</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Gordy Tall</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Lesion</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
	Address <i>Croft Ind</i>
Accident or Suicide?	



Name
in
Full

Levi D. Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		1907	Month <i>May</i>	Day <i>26</i>	Age <i>78</i>	Years <i>6</i>	Months <i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Md.</i>			
Occupation <i>Farming.</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Eliza Jane Travers</i>					
Father's Name <i>Levi D. Travers</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Prudence Shedden</i>		Mother's Birthplace <i>Md</i>					
Name of person giving In formation <i>Duncan L. Noble</i>		How related to deceased <i>Grand-son</i>					

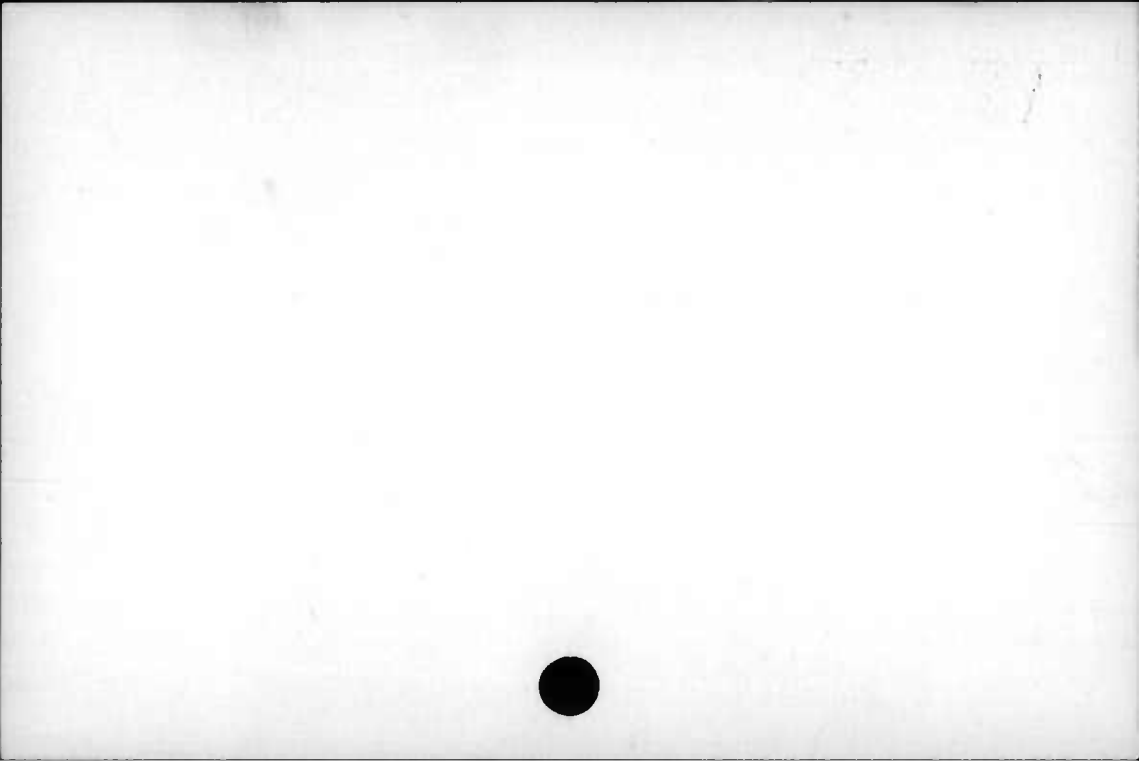
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>		How long <i>18 mo.</i>	
Immediate <i>Enteritis</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jo. H. Shriver Jr.</i>	
		Address <i>Taylor's Island</i>	
Accident or Suicide? <i>No</i>		<i>Md.</i>	



Name in Full		Infant No name Van				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cambridge		County Dorchester		MARYLAND	
	Date of death	1907	Month May	Day 25	Age 0	Months 0	Days 0
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Roy Van				Father's Birthplace	Maryland
	Mother's Maiden Name	Klara Mills				Mother's Birthplace	
Name of person giving information	Roy Van				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(B)</div>							
PHYSICIAN OR CORONER	Primary	Accouchement Force				How long	About 30 mins.
	Immediate	Asphyxia				How long	Could not resuscitate
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. E. Vasey
	Address					Cambridge, Md	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Tow

County

Date

of death

Month

Day

Years

Months

Days

1907

May

14

Age 60-70

Sex

Male

Color or
Race

Negro

Birth-
place

bar. Co Md

Occupation

Farm laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

not known

Father's
Name

Aaron Warfield

Father's
Birthplace

Md

Mother's
Maiden Name

Amy Gibson

Mother's
Birthplace

Md

Name of person giving
In formation

Remy Wilson

How related
to deceased

none

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Lobar pneumonia

How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J A Stokes M.D.

Address

R 76# Cambridge

Accident or Suicide?



Name
in
Full

Mary Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Townpoint-</i>		County <i>Dorchester Co</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1902</i>	Month <i>May</i>	Day <i>6</i>	Age <i>86</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cambridge, Md.</i>
Occupation	<i>House Lady</i>		Where Residing if not at place of death		<i>Townpoint-</i>		
Married, Single or Widowed			Name of Wife or Husband		<i>Thomas Wheeler</i>		
Father's Name	<i>John Valant-</i>				Father's Birthplace	<i>Don't Know</i>	
Mother's Maiden Name	<i>Sarah Valant-</i>				Mother's Birthplace	<i>Don't Know</i>	
Name of person giving information	<i>Gain Brammick</i>				How related to deceased	<i>Not at all</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Old age, Valvular heart disease</i>		How long	
Immediate	<i>Gradual exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Lucy Stull</i>
			Address	<i>Cambridge, Md.</i>
Accident or Suicide?				

